

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	S-2		08-06-01
O.I.P.E. CLASSIFIER	DRX	32	8115
FORMALITY REVIEW	SP	503	09-07-01
RESPONSE FORMALITY REVIEW	SP	1027	02/04/02

INDEX OF CLAIMS

✓ Rejected N Selected
 = Allowed I Reference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	Original
1	5/16/02
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 ✓	
9 ✓	
10 N	
11 N	
12 N	
13 N	
14 N	
15 N	
16 N	
17 N	
18 N	
19 N	
20 N	
21 N	
22 N	
23 N	
24 N	
25 N	
26 N	
27 N	
28 N	
29 N	
30 N	
31 ✓	
32 ✓	
33 ✓	
34 ✓	
35 ✓	
36 ✓	
37 N	
38 N	
39 N	
40 N	
41 N	
42 N	
43 N	
44 N	
45 N	
46 N	
47 N	
48 N	
49 N	
50 N	

Claim	Date
Final	Original
51	5/16/02
52 N	
53 N	
54 N	
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Claim	Date
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DEBT AVAILABLE COPY

If more than 150 claims or 10 actions
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1030
02/01
07/01/01
07/01/01